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PSYCHIATRIC COMPETENCY REPORT OF DR. SALLY C. JOHNSON

Sept. 11, 1998

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On the Beck Depression Inventory, a self-administered test designed to measure the depth or intensity of depression, he scored six which places him in the range of no or minimal depression. This is consistent with clinical presentation and his denial of any acute depression at this time.

The Draw a Person Picking an Apple from the Tree test was used to obtain a snap shot of Mr. Kaczynski's functioning at the time of the interview. He showed no evidence of a mood disorder, obvious thought disorder, intellectual dysfunction or organicity based on review of his drawing. He demonstrated good use of color and space and energy; the picture was logical, and demonstrated integrity, problem solving and realism. The drawing was highly detailed and appeared as a drawing done by an adult. There was not evidence of perseveration or rotation in line quality, and the drawing of the person were well developed.

COGNITIVE ASSESSMENT Neuropsychological testing including intellectual and memory testing was completed in May 1996, and was not repeated during this evaluation. Much of the previous review of this testing focused on whether any evidence of neuropsychological dysfunction was evident that supports the presence of mental illness. It is noted that the intent of neuropsychological testing is not to accomplish clinical diagnosis. For the purpose of competency to stand trial assessment, this examiner focused on the results of the Wechsler Adult Intelligence Scale-Revised (WAIS-R) and Wechsler Memory Scale-Revised (WMS-R), administered on O5/O1/96.

The WAIS-R results were Verbal Score of 138, Performance Score of 124, and Full Scale Score of 136. The split between Verbal and Performance IQ is large, but not significant, in that there is no impairment in the performance score and no specific deficits in any subtests. His scores reflect a very strong verbal ability level, with a lower, but still above average performance ability.

The results of the WMS-R are generally consistent with the overall intelligence testing with an exception of Visual Memory Score. This subtest is significantly lower that the others, but is at the average level,

while the others are significantly above average. It appears that this score was low due to the effect of only one subtest, Visual Paired Associates I. The cause of this could not be ascertained during this evaluation period but the results do not impact significantly on the question of competency to stand trial.

IMPRESSIONS: According to the Diagnostic and Statistical Manual of the American Psychiatric Association, Fourth Edition I currently view Mr. Kaczynski as follows:

Axis I:

Schizophrenia, Paranoid Type, Episodic with Interepisode Residual Symptoms, 295.30 (Provisional)

Axis II:

Paranoid Personality Disorder, with Avoidant and Antisocial Features, 301.0 (Premorbid)

Axis III:

Status Post Tonsillectomy; Removal of Congenital Cyst of the Upper Jaw; Status Post Extraction of Wisdom Teeth; Status Post Fracture of Left Fifth Finger

Review of extensive collateral information and materials obtained through interviews, support at least on a provisional basis, a diagnosis of Schizophrenia, Paranoid Type, Episodic with Interepisode Residual Symptoms. Schizophrenia is a significant and complex major mental illness that is characterized by a mixture of characteristic signs and symptoms, in association with significant social and occupational dysfunction. The paranoid type of Schizophrenia is remarkable for the presence of preoccupation with one or more delusions, or auditory hallucinations in the context of relative preservation of cognitive functioning and affect. In Mr. Kaczynski's case, the symptom presentation involves preoccupation with two principle delusional beliefs. A delusion is defined as a false belief based on incorrect inference about external reality that is firmly sustained despite what all most everyone else believes, and despite what constitutes inconvertible and obvious proof or evidence to the contrary. Delusional thinking occurs on a continuum and it is sometimes difficult to differentiate between over valued ideas or preoccupations and delusional thinking. It is helpful at times, to review the belief system in association with the individual's behavior over time. In Mr. Kaczynski's case, it appears that in the mid to late 1960s he experienced the onset of delusional thinking involving being controlled by modern technology. He subsequently developed another strong belief that his dysfunction in life, particularly his inability to establish a relationship with a female, was directly the result of extreme psychological verbal abuse by his parents. These ideas were embraced and embellished, and day to day behaviors and observations became incorporated into these

ideas, which served to further strengthen Mr. Kaczynski's investment in these beliefs. Preoccupation with these issues has been an ongoing factor in his ife. Review of his history suggests that his investment in these beliefs has varied somewhat over time, but there has been no period in the last 30 years in where he has shown a period of complete remission. Consistent with this diagnosis, for a significant portion of time since the onset of his illness, Mr. Kaczynski has shown marked social and occupational dysfunction in the areas of work, interpersonal relations, and possibly at times self-care. There is no clear evidence that this presentation is due to substance use, a general medical condition, or a mood disorder. Mr. Kaczynski's delusions are mostly persecutory in nature. The central themes involve his belief that he is being maligned and harassed by family members and modern society. Consistent with other individuals with persecutory types of delusions, he is resentful and angry, and fantasizes and actually does resort to violence against those individuals and organizations that he believes are hurting him. Mr. Kaczynski experiences ideas of reference, with his interpretation of these events being consistent with the persecutory nature of his delusional ideas. There is some indication that he may have also experienced erotomanic delusions. Although this issue has not been fully explored, it is evident that he has repeatedly developed idealized romantic attachments to women with whom he has little familiarity or contact. These women, for the most part, are unaware of the degree of his attachment. That he has maintained these idealized attachment over extended periods of time, is outlined extensively in his writings.

It appears that the onset of this disorder for Mr. Kaczynski was in his early 20s. It is likely that for many years he has intermittently experienced exacerbations in the intensity of this disorder. Those periods have been preceded by prodromal symptoms of depressed mood, insomnia, increased distractibility, and intensification of sexual identity problems.

This diagnosis is given on a provisional basis because of the limited duration of the diagnostic evaluation period and the fact that it would be useful to thoroughly review behavior and clinical symptomatology around those periods in Mr. Kaczynski's life that are closely associated with his charged criminal behavior.

Mr. Kaczynski also diagnosed as suffering from a premorbid Paranoid Personality Disorder with Avoidant and Antisocial Features. Review of his developmental history, adolescence and early adult life draws a picture consistent with the symptomatology associated with this type of personality disorder. Personality traits as defined in DSM IV are enduring patterns of perceiving, relating to and thinking about the environment and one's self that are exhibited in a wide range of social and personal contacts. When these traits are inflexible and maladaptive, and cause significant functional impairment or subjective distress, they are viewed as constituting a personality disorder. The essential feature of a personality disorder is an enduring pattern of inner experience and behavior tnat deviates markedly from the expectations of the individual's culture and is manifested by dysfunction in cognition, affectivity, interpersonal functioning or impulse control. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations, and leads to clinically significant distress or impairment in

social, occupational or other important areas of functioning. The pattern is stable and of long duration, and its onset usually can be traced to adolescence or early adulthood. Consistent with this type of personality disordered function, Mr. Kaczynski historically has shown pervasive distrust of others such that their motives are interpreted as malevolent. Symptoms consistent with Paranoid Personality Disorders that are evident in Mr. Kaczynski's presentation include that he suspects, without sufficient basis, that others are exploiting, harming, or deceiving him; that he reads demeaning or threatening meanings into benign remarks or events; that he persistently bears grudges and is unforgiving of insults, injuries or slights; and that he perceives attacks on his character or reputation that are not apparent to others, and is quick to react angrily or to counterattack.

In addition to meeting the criteria for Paranoid Personality Disorder, Mr. Kaczynski also has features of two other personality disorder types. Support for Avoidant Personality Disorder Traits includes that he has demonstrated a pervasive pattern of social inhibition, feelings of inadequacy and hypersensitivity to negative evaluations, beginning in his early life. Consistent with this, he has shown restraint within intimate relationships because of his fear of being shamed or ridiculed; he has been preoccupied with being criticized or rejected in social situations; and is inhibited in new interpersonal situations because of feelings of inadequacy. Consistent with Antisocial Personality Disorder Traits is his pervasive pattern of disregard for and violation of the rights of others. This includes his failure to conform to social norms with respect to lawful behaviors, as indicated by repeatedly performing acts that are grounds for arrest. This description is based on his own account of his behavior in his writings and interviews. Also consistent with his Antisocial Personality Traits is the characteristic of deceitfulness, as indicated by his persistent and elaborate efforts to conceal his behaviors. He has demonstrated a reckless regard for the safety of others. He demonstrates a lack of remorse as indicated in his writings by being indifferent to having hurt, mistreated, or stolen from others. Mr. Kaczynski falls short of carrying a diagnosis of Antisocial Personality Disorder in that he does not have evidence of a conduct disorder before the age of 15.

Mr. Kaczynski's medical history is not viewed as clinically significant at this time.

The diagnostic impressions outlined above are supported by extended clinical interviews of Mr. Kaczynski and review of his writings and behavior over a course of almost 40 years. The intensity of his preoccupation with his beliefs continues to be evident, even in his most recent writings (the Refutation) and is evident on careful review of his correspondence and journal entries during this extended time period. Understanding his symptom picture is complicated by the fact that he reacted to his situation by establishing a life of significant social isolation. What is evident, however, is that Mr. Kaczynski presents many of the characteristic signs and symptoms of Schizophrenia. His adolescence and college years were marked by an almost total absence of interpersonal relationships. Early psychological testing showed an extreme elevation on the introversion scale and associated depressive feelings that would be consistent with his alienation at that point in time. Projective testing done

at that time (TAT) was remarkable for themes of being dominated by others and no evidence of personal interactions in the stories associated with the cards. Mr. Kaczynski recounts, in painful detail, his absence of any real or personal relationships with women, in addition to his absence of any consistent ongoing relationships with men. It is unusual for individuals suffering from Schizophrenia to complete graduate work at the Ph.D. level. Mr. Kaczynski, due to his superior intelligence, began his course of study several years ahead of his peer group and this may have contributed to his ability to complete his degree before symptoms of his illness became full blown. What is evident, was his inability to continue functioning at the level or continue in a highly stressful work environment.

Mr. Kaczynski appears to have experienced the onset of his illness in the summer and fall of 1966, while involved in graduate studies at the University of Michigan. He describes anxiety, depressive symptoms, and sexual confusion, culminating in crystallization of a belief system involving his ideas about the negative impacts of modern technology. He described that prior to that point in time, which occurred on the day of his visit to a psychiatrist at the University Health Center, he had chronic and nagging suspicions that he was suffering from a mental illness and that the problems he experienced were internally generated rather than a product of his environment. At that "turning point11 as he describes it, he completely abandoned that idea and projected the cause of his problems onto the environment and his family. That he spent considerable time collecting support for his views, is evident by review of his writings.

As outlined in detail in the body of this report, Mr. Kaczynski demonstrates marked ambivalence, some blunting of affect and inappropriate affect, and some difficulty integrating social information. Psychological testing performed during this evaluation does not show evidence of overt disorganization or psychotic symptomatology at this time. It is possible that the structure and socialization with people that Mr. Kaczynski has experienced since his arrest, have been therapeutic for his psychological functioning. It is also possible the duration of and adaptation to his symptoms play a role. The testing is consistent with an individual with superior intelligence, who has experienced a psychotic level of dysfunction, but is currently continuing to demonstrate the more consistent traits associated with paranoia, antisocial and avoidant behavior. The prognosis for change in Mr. Kaczynski's behavior is guarded, in that his symptom picture has been present for an extended period of time and treatment for people demonstrating his type of personality dysfunction is difficult. He has never actively been treated in an effort to modify his symptom picture and treatability cannot be ruled out. Treatment efforts, given his diagnostic picture, would include a combination of medication and supportive psychological intervention. He might also benefit from practical interventions in the areas of socialization.

In regard to the issue of competency to stand trial, it is my opinion that at the present time, despite the presence of significant mental illness historically and residual evidence of such problems at the present, Mr. Kaczynski is able to understand the nature and consequences of the proceedings against, and is able to assist his attorneys in his defense.

Thus, I view him as competent to stand trial. Extensive interviewing around the issue of competence to stand trial in conjunction with the diagnostic assessment and review of extensive collateral material, support that Mr. Kaczynski does have an excellent factual understanding of the legal proceedings against and has an adequate rational understanding of these proceedings. He does have the ability to assist his attorneys in his own defense and the capacity to choose whether he will opt to assist them in presenting his defense. Mr. Kaczynski does describe goals for the trial process that might be viewed as somewhat inconsistent with maximizing the potential success of a defense to support his plea in innocence. It appears, however, that his motivation for his decision making in regard to his legal situation is not primarily his wish to clear his name and set the record straight about his family. His decision making, instead, appears to take into consideration a realistic review of the probability of various outcomes in his case, and supports his lack of interest in spending his life in prison as an alternative to being put to death if found guilty.

As described in detail above, Mr. Kaczynski has superior intelligence; he has the ability to read and interpret complex writing; he can contribute to review of documents; he has a full understanding of the roles of the various court personnel; he understands the charges against him and potential penalties if found guilty; he appreciates the nature of the proceedings and understands the likely sequence of events in a trial. Mr. Kaczynski has formed an unusual relationship with his defense team, in that he has quickly come to regard them as "friends and family." In some ways he has idealized his relationship with them, and at times can as easily devalue the relationship with individual members of the team. Nonetheless, he retains an awareness that they are a skilled group of individuals, who have provided him with good legal advice and maneuvering to date. He recognizes that continuing to utilize them in his defense would provide him with a higher level of representation than self-representation. He continues to wish to make the crucial decisions in his case, even if they could lead to less likelihood of a more lenient outcome.

Through the review of en camera proceedings, it was evident that Mr. Kaczynski was able to track the rather complicated discussion regarding legal issues in an area where the law was unclear. He supplied information and opinions at appropriate times, and was able to contain his verbalizations appropriately within that setting. Although his ambivalence about the future course of action was evident, he was able to demonstrate the capacity to arrive at a decision from available material. There was not evidence that his behavior became disruptive or aggressive during these stressful proceedings.

The opinion that Mr. Kaczynski is competent to stand trial despite the diagnoses that have been rendered, does take into consideration that at present, he is not demonstrating significant overt psychotic symptomatology. There is clearly evidence of residual delusional ideas. Upon extensive interviewing throughout this evaluation, Mr. Kaczynski has been able to challenge his beliefs to some degree and to consider alternative explanations for some of his claimed beliefs. This is not to say he has relinquished his ideas, but that he is capable of processing alternative explanations in regard to these areas as they impact on his case.

It is likely that Mr. Kaczynski will present some challenges during the trial process, regardless of whether he is represented by counsel or proceeds pro se. He will continue to focus on detail and be reluctant to separate out useful detail from unnecessary detail. He will continue to demonstrate his ambivalence and suspiciousness, and is likely to over value some information that may arise. His interactions regarding the possibility of resolving his current conflicts by acquiring new representation is an example of this issue. He does not have much insight into the fact that acquiring new representation will not necessarily resolve the types of conflicts he currently has with this defense team, who remain his main support system at this time.

In interacting with Mr. Kaczynski, it may be prudent to maintain awareness of his psychological functioning during interpersonal interactions with him. It is extremely important for him to feel included in the process and those interacting with him need to be aware of his tendency to suspect that others may be deceiving him and to read hidden meaning into benign remarks or events. An effort should be made to help him sort through his perceptions that any specific information is designed to attack his character.

In regard to Mr. Kaczynski's recent suicide attempt, it is not my impression that the attempt resulted from significant depression. Instead it appeared to be a considered action in response to a difficult situation. He will remain at risk of choosing suicide as an option throughout the remainder of the legal proceedings. It is unlikely that his will share his ideas on this subject with anyone. He has expressed his belief that he sees no disadvantage to death over life in prison. Should he be convicted and incarcerated, his risk of suicide would, in all likelihood, be a chronic issue. Those interacting with him should also be aware that he tends to form rapid attachments and over value relationships. It is important to be very clear with him what the purpose and intent of your interactions are with him, and for individuals to clearly define their roles in those interactions.

(signature)
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